Grant and Per Diem (GPD)

FISCAL YEAR 2020 TRANSITION IN PLACE (TIP) NOTICE OF FUNDING AVAILABILITY(NOFA)

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Agenda

- Review of NOFA
- Overview of TIP Model
- GIFTS Application
- Funding Decisions
- Tips and Suggestions



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Opening Remarks

- The goal of this webinar is to provide a basic overview of the TIP NOFA grant
 - Applications due by 4:00pm Eastern on Wednesday, April 22, 2020
- Information provided is <u>not</u> intended to replace GPD regulations (<u>38 CFR part 61</u>) or the Notice of Funding Availability (NOFA)

 Supplemental information available at GPD Website: <u>www.va.gov/homeless/gpd.asp</u>

Objectives

- Applicants will:
 - Understand what activities are eligible for funding
 - Understand what types of organizations are eligible
 - Understand application requirements and how to apply for funding
 - Receive tips on grant application preparation



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Application Timeline



Estimated timeframe for major grant activities from NOFA publication to Award

- February 18, 2020 VA announced NOFA for TIP.
 - Current GPD TIP grantees whose grants end September 30, 2020.
 - New applicants willing to serve homeless Veterans under TIP model.
- VA expects to fund approximately 450 beds over a 3-year period (October, 1, 2020 thru September 30, 2023).
- Applicants must apply for a minimum of 5 beds and no more than a maximum of 20 beds

- Funding for operational costs is paid for occupied beds through per diem payments
- Per Diem VA may pay up to 150% of the cost of care, minus any other sources of income, not to exceed the State Home Domiciliary Rate
 - Current maximum per diem rate for TIP is \$72.25
- Applicants that are conditionally selected under this NOFA will submit per diem rate determination documentation

- Each applicant may request a maximum amount of per diem not to exceed \$1.6 million total costs for the entire three (3) year grant period
- Applicants may request no more than \$80,000 total costs per bed over the entire three (3) year grant period
 - Based on the average number of beds to be provided as stated in the grant application



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Funding Restriction

Question

Can I use the TIP grant funding renovate some apartment units?

Funding Restriction

Answer No

No part of an award under this NOFA may be used to facilitate capital improvements or to purchase vans or real property



- Application must include a minimum of five (5) TIP beds and up to a maximum of 20 TIP beds, per VA Medical Center (VAMC) catchment area, per each applicant's Employer Identification Number (EIN)
- Open to current grantees and new grant applicants



- Applicants do not have to include coverage for the entire VAMC catchment area in the application.
 - Coverage area, however, must not exceed the VAMC catchment area identified in the application
 - Applicants are encouraged to tailor their proposed coverage area to factors such as their own ability and the particular needs of the community.

Eligibility?

- To be eligible, an applicant must be;
 - 501(c)3 or 501(c)19 non-profit agency
 - State or Local Government
 - Indian Tribal Government
- What activities are eligible?
 - Per diem funding to support operational costs associated with the TIP transitional housing model
 - Funding may <u>not</u> be used for capital improvements or to purchase real property or vans



Overview of VA - Veterans Health Administration (VHA)

VHA is organized into 18 regions 20 called VISNs

- Network Homeless Coordinator in each VISN
 - Variety of leadership and coordination responsibilities as it relates to VHA homeless services
- Each VA Medical Center with a GPD grant has a GPD liaison
 - Approximately 300 nationally







Services end and Veterans leave the residence and move to homes in the community

TIP Model Description



At the end of TIP supportive services, services transition out and Veterans remains

TIP Model Description



- Grantees are expected to replace units as they are converted to permanent housing
 - Maintain the average number of bed days as stated in the application during the entire grant period.
- Once the veteran assumes the lease or other long-term agreement, VA will no longer pay per diem

TIP Model Description – Length of Stay

- Expected that veterans will transition in place in approximately 6 to 12 months
- Extension beyond 12 months, prior written approval from the GPD Liaison would be required
 - Extensions in increments of up to 90 days at a time and generally not to exceed a combined total of up to 24 months per veteran



TIP Model Description – Supportive Services Considerations

- Collaborative work with employment/training/benefits resources
 - Department of Labor Homeless Veteran Re-Integration Project
 - VHA Employment programs and coordination services (Compensated Work Therapy, Community Employment Coordinators)
 - Veterans Benefits Administration (VBA)- Vocational Rehabilitation and Employment
 - SSI/SSDI Outreach, Access, and Recovery (SOAR)

TIP Model Description – Case Management Considerations

- Housing case management should be flexible in intensity, support client choice.
 - Use a strengths-based approach and focus on housing retention and helping the household to develop,
 - Enhance or re-engage a network of support that will continue with them after they finish TIP



TIP Model Description – Case Management Considerations

- Case managers are expected to work on tenancy support
 - How to resolve conflicts
 - How to understand a lease
 - Options for working through crises and other skills that will assist them in retaining housing when they are no longer in TIP

TIP Model Description- Housing Unit Requirements

 Applicants must own or lease apartments intended as permanent housing for an individual or single family

Apartments must meet the inspection standards outlined at title 38

CFR 61.80



TIP Model Description- Housing Unit Requirements

- Private access without unauthorized passage through another dwelling unit or private property;
- Sanitary facilities within the unit;
- Basic furnishings and living supplies (including, at minimum, a bed, chairs, table, cookware)



TIP Model Description- Housing Unit Requirements



- Suitable space and equipment within the unit to store, prepare and serve food in a sanitary manner (including, at a minimum, a refrigerator, freezer, sink and stove).
 - Microwave ovens, hot plates or similar items are not suitable substitutes for an operational stove

Consideration for use of GPD site for TIP

- Was a VA capital grant use in the development of the housing site?
 - Real property disposition 2 CFR 200.311 implications
 - GPD recovery provisions 38 CFR 61.67
- Do the living units meet the housing unit requirements described in the NOFA?
- Availability of additional units as TIP converts to permanent housing?



Grant Overview – Performance Metrics

- VA establishes performance metrics/targets for TIP
 - VA may update targets during the option year renewal process
 - Targets relate to:
 - Permanent housing
 - Negative exits
 - Employment



Grant Overview – Performance Metrics

- Discharge to permanent housing is 75 percent
- Employment of individuals at discharge is 55 percent
- Negative exits are less than 20 percent
 - Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements or leaving the program without consulting staff



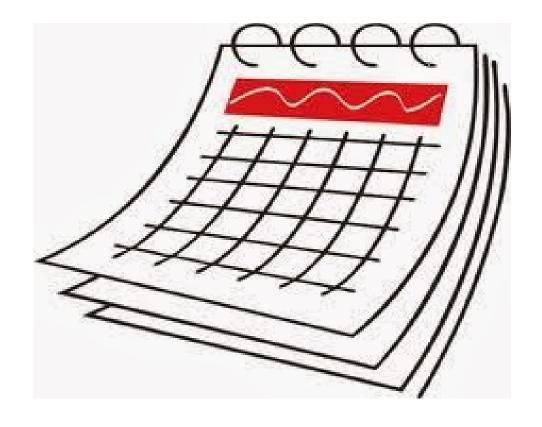
Participant Agreements



- Under the TIP model Veteran having a lease with the landlord is not allowable until the final transition in place occurs and the Veteran assumes responsibility for the unit
- Sub-leases are allowable
 - The landlord is the lessor, the grantee is the lessee and the veteran is the sublease.
 - For additional details please reference the participant agreement portion of the NOFA

Award Information

- Award period of three (3)
 years, beginning on October
 1, 2020, and ending on
 September 30, 2023
- No part of an award under this NOFA may be used to facilitate capital improvements or to purchase vans or real property



Award Information

- Each application must include a minimum of five (5) TIP beds and up to a maximum of 20 TIP beds, per VAMC catchment area, per each applicant's EIN
- Each applicant may request a maximum amount of per diem not to exceed
 \$1.6 million total costs for the entire three (3) year grant period.
- May request no more than \$80,000 total costs per bed over the entire three
 (3) year grant period based on the average number of beds to be provided as stated in the grant application.



Application – Forms and Documentation

- Standard forms
 - SF 424 Application for Federal Assistance
 - Form must have a wet or electronic signature; typed name is <u>not</u> acceptable
 - Standard forms available on GPD Website www.va.gov/homeless/gpd.asp
- Indirect cost rate agreement (if applicable)
- Eligibility
 - Nonprofit: applicants not required to provide evidence of nonprofit status.
 Will be electronically verified against IRS tax-exempt records
 - State/Local Government: applicants must provide a copy of any comments or recommendations by approved State and (area wide) clearinghouses pursuant to Executive Order 12372

Application - System for Award Management (SAM)

- Applicants must have an active SAM registration
 - Must be active as of the NOFA due date
 - Registration in SAM must correspond to the Data Universal Numbering System (DUNS) number provided on the Application for Federal assistance (SF424)
 - Provide your Commercial and Government Entity (CAGE) code and SAM expiration date
 - New this year, SAM is issuing a Unique Entity Identifier (UEI)

Application Content

- Responses to the following sections must be completed in the GIFTS online application portal
- Applicants are required to respond to questions in the following areas:
 - Project Summary
 - Agency Contact Information
 - Abstract
 - **Detailed Application Design**
 - Outreach
 - Project Plan
 - Model Specific
 - Ability
 - Need
 - Coordination



Homeless

Application Content

- Note provide <u>all the requested information</u>
- Project Summary- detailed summary regarding project location and service area(s) and funding request
- Contact Information- includes the various agency POC's for this application
- Abstract as applicable include a discussion of multiple sites, multiple CoCs and/or other information relevant to an understanding of the overall project.

Application Design - Outreach

- Outreach: 3 questions; 100 possible points
 - This is the portion of the application where applicants will discuss how the outreach plan is tailored to the project and how services will be provided to veterans living in places not ordinarily meant for human habitation (e.g., streets, parks, abandoned buildings, automobiles, emergency shelters).



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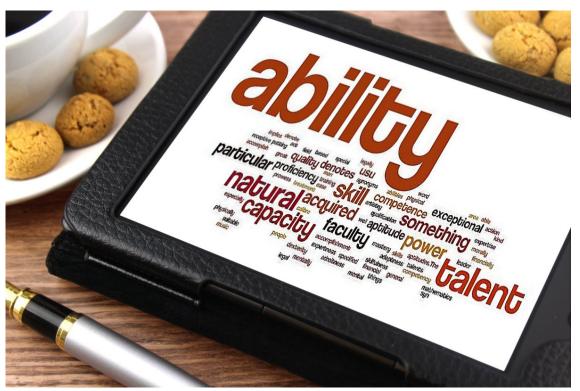
Project Plan

- Project plan: 18 questions; 300 possible points
 - Overall description of the proposed services and project design
 - Ensure none of the policies described conflict with GPD regulations (i.e., charging of resident fees/rent, eligibility for program services)

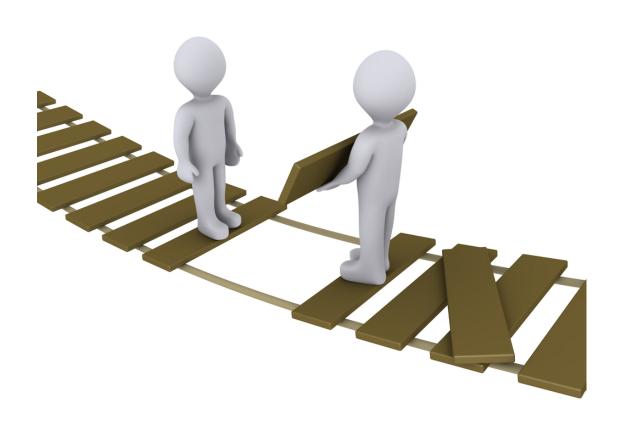


Application Design - Ability

- Ability: 8 questions; 200 possible points
 - Applicants demonstrate experience regarding serving the selected population(s)
 - Previous experience providing similar housing and services, as well as past performance
 - Describe staffing levels and qualifications



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- Need: 2 questions; 150 possible points
- This is the portion of the application where applicants demonstrate that the proposed project is necessary
 - How need is determined
 - Data to support need

Application Design - Coordination

- Coordination: 4 questions; 200 possible points
 - Applicants demonstrate their involvement with the homeless Veteran continuum
 - Attach any coordination/collaboration letters from your VA medical center and/or CoC
 - Allow as much time as possible, and no less than 30 days, for requested letters
 - Expect medical center and/or CoC staff to request detailed information regarding your proposed application plan (# beds, model, locations) prior to providing a letter

GIFTS Application Portal

- Applications must be completed and submitted through the GPD web based grant system (GIFTS). The online application link may be accessed from the GPD Website at https://www.va.gov/homeless/gpd.asp
 - If you are a current GPD grantee you should have an existing GIFTS user account. We recommend using it for submission, in order to support the population of pre-existing fields
 - New applicants must register the first time to establish an account

GIFTS Application Portal

Please Sign In

- If you have an existing GPD account, please log in using your E-mail Address and Password.
- To create a GPD account, please use the "New Applicant" link found below.
- This grant application system uses the following email domain: GPDGrants@va.gov. Please add it to your safe-senders list to be sure you receive all communications.

E-mail	Password	
	New Applicant?	Forgot Password?
	Login	

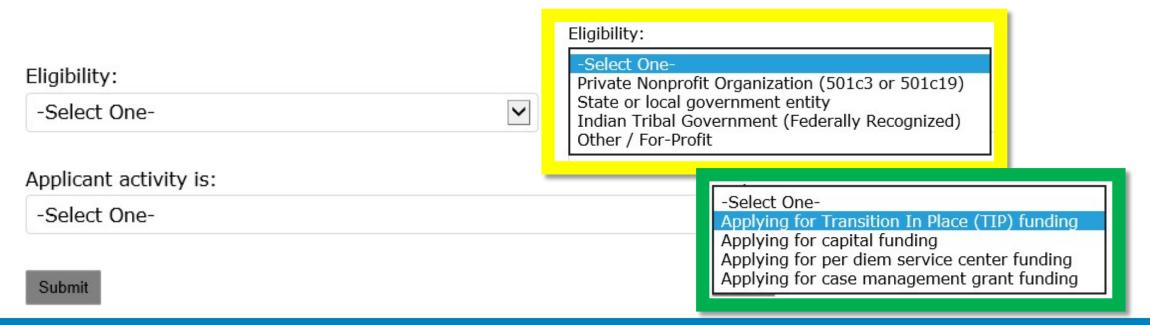
GIFTS – Creating a New Account

also allows us to send	to access your saved and submitted applications at any you a submission confirmation e-mail and notify you if any to process your application.	
E-mail		
Confirm E-mail		
Password (must cont numbers)	ain at least 5 characters, with both letters and	
Confirm Password		

GIFTS - Eligibility Quiz

GPD - Transition In Place (TIP) Housing

GPD Applicant Eligibility Quiz



GIFTS – Introduction

GPD - Transition In Place (TIP) Housing

Introduction

Applicant

Project Summary / Contacts

Abstract, Design/Outreach/Project Plan

Ability / Need / Coordination

Attachments

Review My Application

Introduction

Printer Friendly Version | E-n

E-mail Draft

Required before final submission

Introduction

We are required to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 35 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person will be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This collection of information is intended to assist the GPD Program Office to determine eligibility to receive grants under the GPD Program and to rate and rank these applications. Response to this application is voluntary and failure to participate will have no adverse effect on benefits to which you might otherwise be entitled.

Background

This form is to be completed by grantees applying for Per Diem Only (PDO) funding utilizing the Transition In Place (TIP) housing model to serve homeless Veterans. VA will use the collected information to evaluate and select grant recipients. Applicants may be asked to provide additional supporting evidence or to clarify details during the review process.

Homeless

Program

Office

GIFTS – Applicant Information

Introduction

GPD - Transition In Place (TIP) Housing

Project Summary / Contacts

Applicant Printer Friendly Version | E-mail Draft Required before final submission **Applicant Information** Applicant Organization's Legal Name Other Names Under Which The Organization Does Business (as identified in your Articles of Incorporation and IRS determination letter) Grant Type * Housing Model Organization Type Per Diem Only ✓ Transition in Place ∨ - Select One -DUNS Number System for Award Management (SAM) CAGE Code SAM Expiration Date EIN (Federal Tax ID) This number must be actively registered with the EIN that Corresponds to the Applicant's IRS Ruling System for Award Management (SAM) Certifying Tax-Exempt Status under the IRS Code of 1986. Unique Entity Identifier (UEI) Organization Website (URL) This number is provided by SAM and is OPTIONAL to submit with your application.

Ability / Need / Coordination

Abstract, Design/Outreach/Project Plan

Attachments

Review My Application

GIFTS – Applicant Information

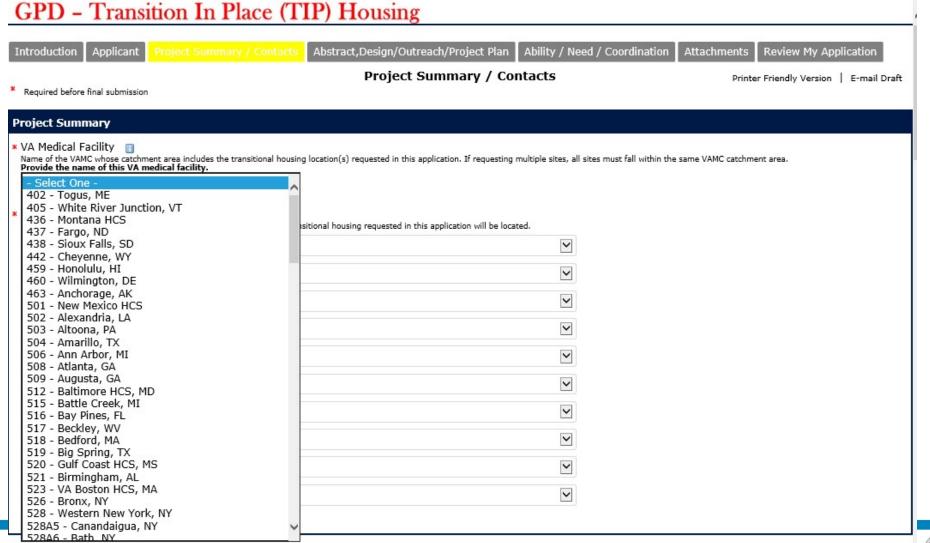
S	tandard Forms and Indirect Costs
*	To be eligible, an applicant must be a 501(c)3 or 501(c)19 nonprofit agency, State or local government agency or recognized supporting documentation below. Application for Federal Assistance (SF-424) Ensure that the completed form is signed before uploading. A typed name in the signature box is NOT acceptable for certification.
	Form may be downloaded from https://www.va.gov/HOMELESS/GPD.asp Browse
	Upload
	Indirect Cost Rate Applicants that have a negotiated indirect cost rate agreement must provide a copy as an attachment to this application if they wish to charge indirect costs to the gra
	Browse
	Upload
	Save & Finish Later Next

View Burden Statement			ber: 4040-0004 ate: 12/31/2019
Application for Federal Assist	ance SF-424		
*1. Type of Submission: Preapplication Application Changed/Corrected Application	*2. Type of Application: New Continuation Revision	* If Revision, select appropriate letter(s): * Other (Specify):	
* 3. Date Received:	Applicant Identifier:		
Sa. Federal Entity Identifier:		Sb. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:	7. State Applicati	ion Identifier:	
8. APPLICANT INFORMATION:			
*a. Legal Name: b. Employer/Taxpayer Identification Ni	umber (EIN/TIN):	*c. Organizational DUNS:	
d. Address:			_
* Street1: Street2:			
* City:		E E	
County/Parish:			0.00
* State:			•
Province: * Country:		USA: UNITED STATES	
* Zip / Postal Code:		odr. owith string	
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of	person to be contacted on	n matters involving this application:	
Prefix:	* First Na	ame:	
Middle Name:			
* Last Name: Suffix:	•		
Titte:			
Organizational Affiliation:			
* Telephone Number:		Fax Number:	
* Email:			

Application for Federal Assistance (SF 424)

21. *By signing this application, I ce herein are true, complete and accu comply with any resulting terms if I a subject me to criminal, civil, or admi	rate to the best of my knowle accept an award. I am aware tha	dge. I also provide the required it any false, fictitious, or fraudule	d assurances** and agree to
** I AGREE			
** The list of certifications and assurant specific instructions.	ces, or an internet site where you	ı may obtain this list, is contained i	In the announcement or agency
Authorized Representative:	202		
Prefix:	* First Name:		
Middle Name:			
* Last Name:			
Suffix:	v		
* Title:			- 0.000
* Telephone Number:		Fax Number:	
* Email:			
* Signature of Authorized Representative			* Date Signed:

GIFTS – VAMC Identification



Continuum of Care (CoC)

- Select One -

GPD - Transition In Place (TIP) Housing

	Project Summary / Contacts	Printer Friendly Version E-mail D
Required before final submission		
oject Summary		
/A Medical Facility	tional housing location(s) requested in this application. If requesting multiple sites, all sites must fall wi	ithin the same VAMC catchment area.
- Select One -		
	here the transitional housing requested in this application will be located.	
- Select One -	Y	
- Select One -		

GIFTS – Request to VA

Transition	In Place	(TIP)	Request

	for which your agency is requesting per diem in this application Note: Each application must include a minimum of five (5) TIP beds and up to a ma		a, per each applicant's EIN.	
		•		
* Total Funding Red	equested from VA for all beds for the entire 3-year period			
Funding Limitation N	Note: Each applicant may request a maximum amount of per diem not to exceed \$1 ree (3) year grant period based on the average number of beds to be provided as st		r grant period. Applicants may request no more than \$80,000 total costs	per
	100 March 100 Ma			

GIFTS – Site Identification

TIP Housing Site Locations			
SITE 1 Location of housing provided under this beds at each location and gender(s) ser	application. For fixed sites, identify the address, cived. For sites whose locations are not available at	ity, state, zip code + four-digit extents the time of application, provide the	ension, county, other counties served, congressional district, the number of GPD e names of all of the counties in which you will provide services.
Site Address (1) Location where the transitional housing beds will be in	* City (1)	* State (1)	2345-6789)
* County (1) Identify the County in which the site address above is located.	Congressional District (1) Only provide the 2 digit code that corresponds to the address identified above.		
* Identify number of beds to be provided	at Site Address (1)		
SITE 2 - complete fields below, if applications (2)	City (2) State (2)	Zip Code (2) Zip + 4 required	
Identify the County in which the site address	Congressional District (2) Only provide the 2 digit code that corresponds to the address identified above.		
Identify number of beds to be provided	at Site Address (2)		
ADDITIONAL SITES - complete field b Applicants with more than 2 sites should served		digit extension, county, congression	nal district, the model(s) and number of GPD beds at each location and gender(s)
		^	

GIFTS - Contacts

Organization Primary Contact

- Not specific to any grant award; same person for all awards from the same agency (EIN)
- Someone who can make legal commitments for the organization (sign grant agreements)
- CEO, the President, or Executive Director

Grant Contact #1

- Associated with a specific FAIN (project #)
- Program Manager, Director, Coordinator, Grant Administrator, or other position overseeing the GPD project

GIFTS Account Holder

- This is the email/person whose account was used to submit your application
- If awarded, this person will receive future requirements assigned through GIFTS

GIFTS - Contacts

the organization. 1	This is most often the CEO, the Presid	dent, or Executive Director. Grant org	This contact is normally someone who signs grant agreements or makes al nizations with multiple awards can only have one Organization Primary Cor	ntact.
Prefix - Select One - 🗸	* First Name	* Last Name	* Title	
Office Phone	Extension * Office Fax	× E-mail Address		
ant Contact #1				
rant Contact #1 This contact is spe	ecific to this grant application and ma	y be a Program Manager, Director, Ca	se Manager, Grant Administrator or other position overseeing the GPD gran	ot project.
This contact is spe	ecific to this grant application and ma	y be a Program Manager, Director, Ca	se Manager, Grant Administrator or other position overseeing the GPD gran	it project.
This contact is spe		y be a Program Manager, Director, Co	se Manager, Grant Administrator or other position overseeing the GPD gran	it project.

GIFTS – Application Narratives

GPD - Transition In Place (TIP) Housing Introduction Applicant Project Summary / Contacts Abstract, Design/Outro

Abstract, Design/Outreach/Project Plan

Ability / Need / Coordination

100

Review My Application

Attachments

Printer Friendly Version | E-mail Draft

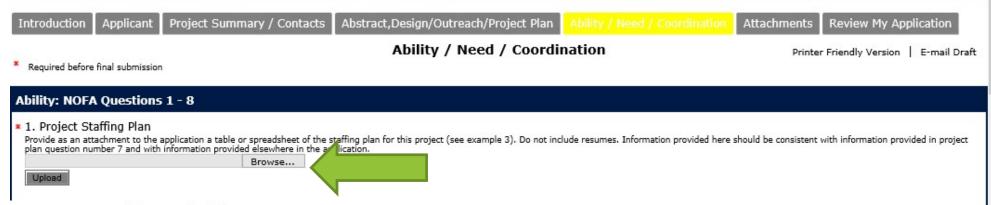
Required before final submission

Abstract:

* Project Abstract: In approximately 500 words, provide a brief abstract of the proposed project. As applicable, include a discussion of multiple sites, multiple CoCs and/or other information relevant to an understanding of the overall project. Word count 0 of 1000

GIFTS – Staffing Plan

GPD - Transition In Place (TIP) Housing



Example 3:

Job Title	Brief (1–2 sentence) description of responsibilities	Educational Level	Hours per week allocated to GPD project (40 hours equals full- time)	Amount of annual salary allocated to the GPD	Amount of salary for the full-time position
Case manager	Responsible for working with the Veteran to develop and monitor an individual service plan and to adjust the plan as needed. Coordinates support with other community agencies.	BSW	30 hours	project \$60,000	\$80,000

GIFTS – Adding Attachments

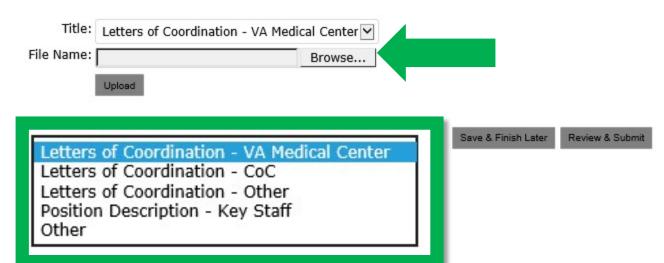
GPD - Transition In Place (TIP) Housing

Introduction | Applicant | Project Summary / Contacts | Abstract, Design/Outreach/Project Plan | Ability / Need / Coordination | Attachments | Review My Application | E-mail Draft

Supporting Documentation (letters of coordination, position descriptions, MOU or other supplemental information)

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as "exe", "com", "vbs", or "bat") cannot be uploaded.



GIFTS – Review My Application

Introduction

Applicant

Project Summary / Contacts

Abstract/Outreach/Project Plan

Model Specific

Ability / Need / Coordination

Attachments

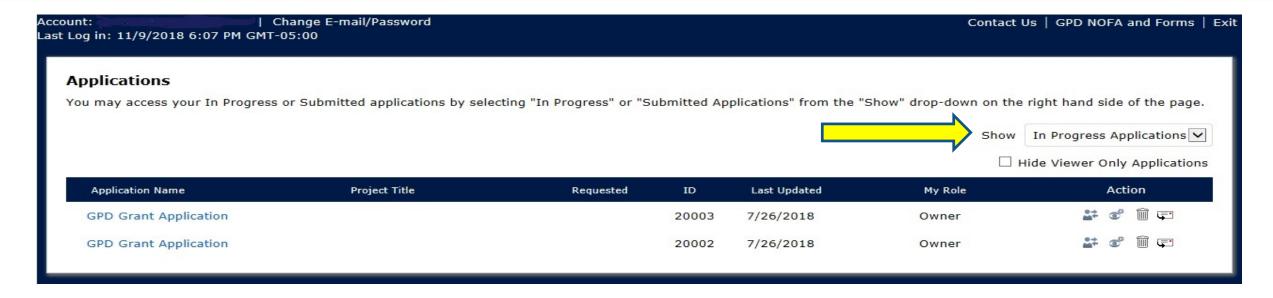
leview My Application



Please correct the problems indicated below.

- · Organization Type is a required field.
- . System for Award Management (SAM) CAGE Code is a required field.
- · SAM Expiration Date is a required field.
- · Application for Federal Assistance (SF-424) is a required field.
- · VA Medical Facility is a required field.
- · CoC is a required field.
- . Site Address (1) is a required field.
- . City (1) is a required field.
- . State (1) is a required field.
- . Zip Code (1) is a required field.
- . County (1) is a required field.
- · Congressional District (1) is a required field.
- . Identify all housing model(s) and number of beds to be provided at Site Address (1) is a required field.
- . Der location a description of how the facility's participant living space will be configured within the model(s) requested. Include the square footage of the room or have the

GIFTS – Finding your in-progress application



- Draft versions of the application can be saved, shared, and transferred among grantee accounts.
 - NOTE: Return to drafts via the account login in order to avoid starting a new, blank form

Funding Decisions

- All applications electronically submitted through the GIFTS application portal will go through a threshold review
 - Eligible entity, eligible activity, complete application
 - Must not have any outstanding obligation to VA that is in arrears, or have an overdue or unsatisfactory response to an audit; and, the applicant must not have been notified by VA as being in default
- Applications that pass threshold will be moved forward to the review panel for scoring
 - Scoring criteria available at <u>38 CFR 61.13</u>
 - Applications must score at least 750 points (out of 1,000) to be legally funded

Funding Decisions

- No funding priorities identified in the NOFA
- Applications that meet threshold will be scored according to the rating criteria described in 38 CFR 61.32 to score grant applications. Applications will then be ranked based on that score.
- The highest ranking applications with a score of 750 or higher will be considered for funding in rank order as funding allows.
- Applications that are legally fundable will be selected from highest to lowest score until the Department has reached the maximum number of beds (approximately 450) that can be funded

Tips and Suggestions

- When answering questions provide specifics that relate to the model(s) you are applying for
- Use <u>data</u> to establish need for your <u>specific project</u>
- Start early by having planning discussions with your local community and VA medical center
 - How will your proposed project meet community need?
 - What is the right mix of models and number of beds?
 - How is your organization tied to the local Coordinated Entry System in your area?

Tips and Suggestions

- Letters of collaboration/coordination/support
 - Can help establish need for your project
 - Demonstrate collaboration with local community efforts and with Coordinated Entry Systems (e.g. documented involvement with case conferencing, involvement with By Name Lists)
 - Can demonstrate that you have discussed the details of your proposed project with the local VAMC
 - Letters of coordination must be included as an attachment to the GIFTS electronic application

Final Thoughts

- Read the NOFA carefully as this is the official document regarding funding availability
- Read our regulations carefully
 - All grantees must comply with GPD regulations
 - Application narratives must align with GPD regulations
- Review technical assistance materials on the GPD website
 - www.va.gov/homeless/gpd.asp
- Email technical assistance questions to gpdgrants@va.gov

OOD